
SPEAKING OUT

ONE PATIENT'S SEARCH
FOR ANTIDOTES TO NIHILISM
IN PSYCHIATRY

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A prosumer who experienced problems after misdiagnosis and mistreatment, the author searched for explanations of the short cuts inflicted on him by a mental health professional. Wanting to learn from the painful experience of willful incompetence, write to achieve closure and create a teaching tale to help other patients, the author studied the literature, read about the tradition of nihilism in psychiatry, found research reports of deviations from practice guidelines and tested three antidotes to nihilism in psychiatry.

Seven years ago, my life was shredded by misdiagnosis and mistreatment when I was a trusting outpatient of a large hospital. Curious about what happened, I kept wondering: Was it my fault that my psychiatrist, a mood disorder expert, relied on short cuts? Was I a bad patient who deserved willful incompetence? As a former business fraud investigator, I knew it would take time to uncover the truth.

By 1995, I had been depressed for years. I was referred to the department of psychiatry at a teaching hospital. I trusted my psychiatrist and cooperated fully. I was polite. I complied by taking the recommended medications as directed—SSRIs, MAOIs, benzos and lithium—first alone and then in combinations. They didn't help. My symptoms of depression and anxiety continued. The medications caused side effects like akathisia, disrupted sleep, escalated anxiety, reduced sex-

ual feelings, induced migraines and triggered hypomania.

Anti-depressants and other meds made me worse. My doctor smiled but did not take patient or family medical or mental histories, did not do mental status exams or diagnostic tests, did not get informed consent, did not warn about or monitor side effects of medications, did not recommend therapy, did not test for lithium blood levels or kidney functions, did not make a differential diagnosis, did not offer effective care and did not educate me about my diagnosis, treatments or prognosis. Eventually, I saw my medical file and realized that 13 standard of care procedures were withheld. Why did I not get proper medical advice from the mental expert?

In 1996 I started IDP, an Independent Depression Project. While researching and writing *Finding Care for Depression*, I interviewed 150 depression

survivors and family members. Their stories were similar to mine. Apparently their doctors did not consider, discuss, or follow the practice guidelines of psychiatry either. Three interviewees killed themselves after misdiagnoses and mistreatments.

In a 2002 editorial, geriatric psychiatrist Dr. Ken Shulman referred to the tradition of nihilism in psychiatry. That tradition might explain my skimpy medical file, the missing patient and family, medical and mental histories, the lack of mental status exams, the missing diagnostic tests, the misdiagnosis, the substandard care and the absence of supervisor notes. Maybe my psychiatrist, another published expert, used nihilistic psychiatry on me. I wondered if psychiatric researchers often see evidence of nihilism in clinical practice. I decided to search for antidotes.

Webster's Dictionary defines nihilism 3 ways: (1) belief in nothing, (2) extreme skepticism and (3) the rejection of customary beliefs. We value a healthy level of skepticism if it opens our minds to better ways of doing things. For instance, a skeptical psychiatrist might question substandard short cuts with the intention of improving the quality of care. However, a nihilistic psychiatrist who rejects all standard of care procedures could damage sick patients. The dark side of nihilism may hide borderline psychiatrists who justify willful incompetence while expressing extreme skepticism about their professional practice guidelines.

Dr. Shulman's editorial mentioned the clinical practice guidelines. Written as a consensus of experts, the guidelines recommend a systematic approach to patient care: taking histories, doing medical tests, assessing mental status, developing a differential diagnosis and offering effective treatments. A competent clinician will consider, discuss, do

and document standard of care procedures. He or she will investigate the root cause(s) of each patient's symptoms and then recommend appropriate treatments. The guidelines do not substitute for professional judgement. Every case is different. An experienced clinician has to tailor treatments to suit each patient.

In 1999, when he was the chief psychiatrist at a large hospital, Dr. Shulman stated during an interview that the psychiatrists under his direction were expected to read, study, learn and apply practice guidelines. Surely a skeptical psychiatrist could not ignore professional practice guidelines and watch sick patients deteriorate, without diagnosing accurately or treating effectively. Surely not at his hospital, but it happened to me.

Nihilism is not standard care and it is not recommended in the guidelines either. However, the nihilistic tradition of psychiatry may lie dormant in the collective unconscious. Researchers have found evidence of nihilism.

Dr. S. Green and Dr. S. Bloch, authors of "Working in a Flawed Mental Health Care System: An Ethical Challenge," reported that too many psychiatrists "participate in a system known to have deleterious effects," "harm patients" and "withhold information." They "bear moral responsibility for helping to sustain practices they know are potentially or actually harmful." According to that article, short-cutting by health professionals may be efficient, but overzealous "efficiency" is unethical.

Dr. E. Plakun, author of "A Psychodynamic Perspective on Treatment-Refractory Mood Disorders," stated that "half of mood-disordered patients fail to respond adequately to biological treatment[s]. Only a minority of patients recover fully with medications."

The article did not recommend nihilism. It outlined steps for a clinician to consider if a depressed patient does not recover. Psychiatrists can apply their basic medical skills and their specialist training rather than watch a patient get worse. The author warned that some doctors may become so sickened with "frustration and despair induced by the treatment-refractory patients" that the "prescribers may unwittingly respond...with withdrawal or a sadistic counter transference response."

Dr. C. Blanco, et al., authors of "Trends in the Treatment of Bipolar Disorder by Outpatient Psychiatrists" reported that "pharmacological treatment of bipolar disorder still departs substantially from the management principles outlined by published guidelines." Researchers found that: (1) "One-third of the patient visits to office-based psychiatric practices...did *not* include the prescription of a mood stabilizer." (2) "There is a substantial *discrepancy* between evidence-based treatments and routine clinical practice in the treatment of bipolar disorder. (3) Therapeutic monitoring of serum lithium levels...were *not* conducted in 36.5% of the sample." The tradition of nihilism in psychiatry might explain the poor treatment of bipolar disorder by outpatient psychiatrists.

The tradition of nihilism may explain why some psychiatrists rely on doing nothing alternatives rather than using standard practices. If he believes that the guidelines are meaningless, a nihilistic doctor may watch sick patients deteriorate, ignore standard procedures, omit diagnostic tests and withhold treatments. The patients of a nihilistic psychiatrist may not get accurate diagnoses or proper care. As an antidote to nihilism in psychiatry, the practice guidelines encourage ethical psychiatrists to diagnose patients accurately and help them recover.

Might there be a second antidote? Is it too much to hope for something restorative? When interviewed in 2001, psychiatrist Dr. N. Hermann doubted that the guidelines were relevant to his practice. No doubt he applies them selectively. His 2002 article identifies high homocystine levels as a medical condition that can affect brain function. He explained how that condition can be diagnosed with blood tests and treated with supplements of vital amines such as vitamins B6, B12 and folic acid. No doubt Dr. Hermann's HCY patients are pleased to benefit from vitamin treatments which do not often involve adverse effects.

In April 2002, Dr. John Hoffer, a Montreal internist, spoke at *Nutritional Medicine Today* in Vancouver, Canada about his research on the care of dialysis patients. He compared the results of treatments provided by two hospitals which used different protocols. Dialysis patients who received adequate nutritional supplements could maintain acceptable homocystine levels; but, patients who received insufficient supplements developed high homocystine conditions and cardiovascular problems.

Other orthomolecular physicians, including Dr. Abram Hoffer, who helped to develop the principle of orthomolecular medicine, spoke at the same conference and shared their regimens of nutritional supplements such as vitamins, trace minerals, amino acids, energy and enzyme co-factors and essential fatty acids. They use different restorative protocols for depression, bipolar, schizophrenia, autism, ADHD and other common mental disorders. A conventional doctor would describe this as biological medicine. Restorative orthomolecular medicine may be a second antidote to nihilism in psychiatry.

Concerned patients may want a third antidote. They may have to learn about

their illness before they can ask for effective healthcare or find a physician who knows about restorative treatments. Bibliotherapy, a self-help tool, can be an effective antidote to nihilism in psychiatry. Rather than trust their lives to a do-nothing psychiatrist, patients can read books, study medical journals, search the Internet, ask about prescription medications and learn how to cooperate with treatments. Depressed people and family caregivers can use self-help resources to understand symptoms and find quality mental healthcare.

When I needed help to recover from a misdiagnosed and mistreated bipolar mood disorder with anxiety and migraines, I trusted my life to a nihilistic psychiatrist. Likely his nihilism had nothing to do with me. Maybe my illness kept me at arm's length from a therapeutic alliance. Wanting to recover, I searched for help, found and tested three antidotes to nihilism. My progress report, a layman's "anecdote," can help other patients avoid the damage that can occur as a result of psychiatric nihilism.

After noticing that physicians did not answer most of my questions, I tried bibliotherapy. Four types of authors helped. Books by (1) conventional psychiatrists and psychologists, (2) patient survivors, (3) health professionals vulnerable to depression and (4) orthomolecular physicians taught me how mood disorders and mental conditions are diagnosed and treated; how people feel about their symptoms and brain disorders, what treatments involve side effects; that mental health professionals have standards of practice, how orthomolecular doctors develop and use restorative treatments and how effective care can help patients recover.

To learn the recommendations of a consensus of experts, I studied the clinical

practice guidelines of psychiatry: US and Canadian. Written for patients as well as health professionals, the guidelines taught me that ethical doctors take medical and mental histories of the patient and family members, do mental status exams, use medical tests, make a differential diagnosis, obtain informed consent, monitor medications, explain the diagnosis, treatments, progress and prognosis, counsel the patient and educate the family. A basic awareness of the guidelines led me to competent health professionals and taught me to cooperate with diagnosis and treatments.

I applied the advice of health professional authors who consider, discuss, do and document standard of care procedures and recommend restorative treatments. I interviewed patients who recovered and patients who got worse. I attended medical conferences and support groups. I found research reports that explain how ginkgo biloba can help with depression and anxiety. I learned which vitamins, minerals, amino acids, energy and enzyme co-factors nourish my brain, which diets suit my metabolism and what the principle of biochemical individuality means to a patient.

I recovered from depression and stabilized a bipolar II mood disorder. While recovering, I read and researched, investigated substandard care, developed and wrote tips, tools and teaching tales for laymen. I learned that a mental patient can use all three antidotes to cope with nihilistic psychiatry.

Healthy skepticism can be useful but patients who trust their lives to the dark side of nihilism do so at their peril.

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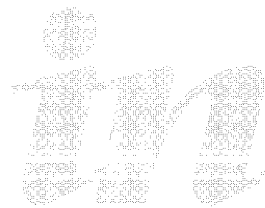
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